

In-School Payment Postponement Request for PLUS Loans

	his payment plan on your PLUS loan(s), you <u>mu</u> ress listed above or fax it to us at (502) 329-7077	
Borrower (Parent) Information Account Number:	ation:	
Address:		
_		
Telephone Number:	() -	
Alternate Number:	-	
Email Address: _		
This form is to be used as my	y formal request to enroll in the following paym	ent plan.
is in school. This polender to allow a ten postponement/forbeat capitalized (add to the	ment postponement/forbearance while my deper ostponement/forbearance is an agreement between porary cessation in payments. During this period arance, interest continues to accrue. Unpaid interest the principal balance). This will increase the total pool Payment Postponement Request for PLUS L	en me and my od of payment erest will be all cost of my
Dependent Student Information:		
Social Security Number: _		
Name: _		
School Name: _		
my dependent student gradus understand that I continue to	ayment option on my PLUS loan(s) for the next ates, whichever is sooner. It is my intention to represent the best best best best best best best bes	epay this loan and I udent Loan People to
В	forrower's Signature	Date